

Conclusions Our research discloses that less mindfulness abilities enhances the probability of having lifetime history of depression.

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Others

EV1363

Psychosis due to traumatic brain injury – controversies and diagnoses difficulties

A. Amorim

São João da Madeira, Portugal

Introduction A traumatic brain injury (TBI) can cause numerous psychiatric complications. Humor and anxious disorders, personality disorders and psychoses are some of those possible problems. The diagnosis of psychosis due to traumatic brain injury (PDTBI), although controversial, has been subject of crescent debate and the idea that a TBI could cause a psychosis is gaining credibility. Diagnosing a PDTBI can be difficult. DSM-5 criteria are rather vague and there are many potential confounding factors due to similarities with other etiological psychosis.

Objectives and aims Alert clinicians to the diagnosis of PDTBI, clarify this clinical entity and define features that may allow them to do the differential diagnosis with other etiologic psychotic disorders.

Methods The authors performed a research in PubMed using the keywords psychosis and traumatic brain injury and selected the adequate articles to meet the objectives proposed.

Results Differential diagnosis of PDTBI should be done with schizophrenia, schizoaffective psychosis, delusional disorder, substance-induced psychosis, psychosis due to other medical condition and with posttraumatic stress disorder. Differentiating PDTBI and schizophrenia can be particularly difficult. Some features have been proposed in the literature as potentially differentiating, namely the presence of negative symptoms (more common in schizophrenia), findings in MRI/CT and EEG.

Conclusions Establishing PDTBI diagnosis can be difficult. While awaiting new studies, clinicians should, in cases of TBI related psychosis, achieve a meticulous clinical history and mental exam, in order to ensure a correct diagnosis and, therefore, determine an appropriate intervention.

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Acute psychosis induced by short-term treatment with methylprednisolone – a case report

I.A. Andrei^{1,*}, A.M. Cristache², M.E. Parfene-Banu², A.A. Frunză¹, M.C. Boer³, M.G. Puiu⁴, B.E. Patrichi⁵, M. Manea⁴

¹ “Carol Davila” University of Medicine and Pharmacy, Psychiatry and Psychology, Bucharest, Romania

² “Prof. Dr. Al. Obregia” Psychiatry Hospital, IVth Clinical Department of Psychiatry, Bucharest, Romania

³ “Prof. Dr. Al. Obregia” Psychiatry Hospital, “Prof. Dr. Al. Obregia” Psychiatry Hospital, Bucharest, Romania

⁴ “Carol Davila” University of Medicine and Pharmacy, Psychiatry and Psychology Department, “Prof. Dr. Al. Obregia” Psychiatry Hospital, IVth Clinical Department of Psychiatry, Bucharest, Romania

⁵ “Carol Davila” University of Medicine and Pharmacy, Psychiatry and Psychology Department, “Prof. Dr. Al. Obregia” Psychiatry Hospital, IXth Clinical Department of Psychiatry, Bucharest, Romania
* Corresponding author.

Steroid treatment has been widely used for immunologic and inflammatory disorders. Psychiatric symptoms are not uncommon complications of the corticosteroid treatment. Correlations between the hypothalamic-pituitary-adrenal (HPA) axis and various psychoses have been already established in the specialty literature (modified HPA activity by drugs or not, glucocorticoid receptors downregulation, reduced hippocampal volume). The prevalence of corticosteroid-induced psychotic disorders varies around 5–6%. Most corticosteroid-induced symptoms start during the first few weeks after treatment initiation, but their onset can also be in the first 3–4 days. We would like to report the case of a 30-year-old woman who was taken to the psychiatry emergency room for psychomotor agitation, auditory and visual hallucinations, and bizarre delusions, disorganized thinking and modified behavior. The patient had no personal or family history of psychiatric illness. One month earlier, she was admitted in a neurosurgery ward and underwent lumbar surgery for L4–L5 disc protrusion; at discharge, eight days later, she began treatment with methylprednisolone 80 mg/day for three days. One week later, psychotic symptoms emerged that resulted in her hospitalization in our ward for apparent steroid-induced psychosis. Treatment with risperidone (up to 6 mg/day) and diazepam (10 mg/day, rapidly discontinued) was initiated. The endocrinology examination revealed modified plasmatic cortisol. The psychosis resolved several weeks later and the patient was discharged. Psychiatric complications induced by steroids underline the role of physicians that have to educate the patients and their families about these side effects and their early recognition.

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EV1365

Predictors of aggressive behavior among acute psychiatric patients: 5 years clinical study

T. Aparicio Reinoso*, S. Gonzalez Parra

Hospital Dr. Rodriguez Lafora, Psychiatry, Madrid, Spain

* Corresponding author.

Introduction The problem of violence and aggressive behaviour among patients with psychiatric disorders need careful assessment to improve the quality of psychiatric care.

Objective The aim of this paper is to describe the characteristics of repeated episodes of violence among patients admitted to a Psychiatric Ward, which is a total of 66 beds at Doctor Rodriguez Lafora Hospital from January 2009 to December 2014.

Methods We designed a retrospective, longitudinal and observational study over a 5-year period in two brief hospitalization units of Doctor Rodriguez Lafora Hospital in Madrid. The main variables studied were: type of admission, diagnosis, age, trigger and shift.

Results In our study, we analyzed the prototypical person who carries out these episodes of aggression: a male between 31–40 years, diagnosed with psychotic disorder or personality disorder, involuntary admitted. This episode is associated as a main trigger to mood disturbances, lack of acceptance of standards and psychotic symptoms. These episodes occur more frequently in the afternoon shift one business day and often processed without injuries or minor bruises to other patients and/or nursing assistants. In our practice, we have observed that in most cases adequate verbal restraint in the beginning is sufficient to prevent the episode of aggression.

Conclusions Understand the aggressive factors can influence the production of violent behavior and the use of appropriate contain-

ment techniques may be considered a therapeutic option to prevent and address violent behavior in psychiatric patients hospitalized in brief hospitalization units.

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Typical profiles of multiple DWI individuals on MMPI-2

I.H. Shim¹, W.S. Woo², H.J. Seo², D.I. Jon³, Y.J. Kwon⁴, K.H. Lee⁵, K.J. Min⁶, B.H. Yoon⁷, J.H. Lee⁸, E. Lim⁹, W.M. Bahk^{2,*}

¹ Dongnam Institute of Radiological & Medical Sciences, Busan, Republic of Korea

² Yeouido St. Mary's Hospital, psychiatry, Seoul, Republic of Korea

³ Sacred Heart Hospital, psychiatry, Anyang, Republic of Korea

⁴ Soonchunhyang Cheonan Hospital, psychiatry, Cheonan, Republic of Korea

⁵ College of Medicine, Dongguk University, psychiatry, Gyeongju, Republic of Korea

⁶ College of Medicine, Chung-Ang University, psychiatry, Seoul, Republic of Korea

⁷ Naju National Hospital, psychiatry, Naju, Republic of Korea

⁸ College of Medicine, Daegu Catholic University, psychiatry, Daegu, Republic of Korea

⁹ Shinsegye hospital, psychiatry, Gimje, Republic of Korea

* Corresponding author.

Introduction Alcohol intoxication is often involved in the commission of criminal behaviors that are risky and involve personal confrontation. Individuals who reported having three or more drinks before driving exhibited greater impulsivity when under the influence of alcohol than did those who did not report heavy drinking before driving.

Objectives The present study utilized the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) to compare the characteristics of individuals with a single driving while intoxicated (DWI) offense with individuals who were multiple DWI offenders and to identify whether there was a typical profile for multiple offenders.

Methods The charts of patients were examined in terms of demographic characteristics including age, sex, employment, and education; the MMPI scores of the two groups were compared using an independent *t*-test, and we identified the typical profile of multiple DWI offenders by using hierarchical cluster analysis with Ward's method.

Results Scores on the F and the depression (D) scales of the MMPI-2 were significantly higher among multiple offenders than among first offenders. The multiple offenders-I group obtained relatively high scores on the D and psychopathic deviate (Pd) scales, and the multiple offenders-II group had low scores on both the hypomania (Ma) and social introversion (Si) scales. Thus, some multiple offenders may have poorer emotional adjustment, characterized by tendencies toward psychopathic deviance, mania, and depression, as well as psychopathological characteristics associated with patients with alcohol-use disorders.

Conclusion The present findings suggest that multiple offenders should be considered a high-risk group for alcohol-use disorders and recurrent drunken driving.

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EV1370

Excerpt from the history of the “Hochschulpsychiatrie Erlangen” (1818–2016): On the history of a connection between University and Institutional Psychiatry, Unique in Germany (1903–1974)

B. Braun^{1,*}, J. Kornhuber²

¹ Psychiatry and Psychotherapy, Erlangen, Germany

² Psychiatry and Psychotherapy, Friedrich-Alexander-University Erlangen-Nürnberg, Erlangen, Germany

* Corresponding author.

Objective To examine the more than 70-year history of a connection between University and Institutional Psychiatry.

Method Relevant archival material as well as primary and secondary literature were examined.

Results As early as 1818 Johann Michael Leupoldt (1794–1874) held a seminar on “madness” as an assistant professor in Erlangen. But the University Psychiatric Clinic did not begin until 1903 within the association of the mental asylum founded on a contract agreement between the Friedrich-Alexander, University Erlangen and the County Senate of Middle-Franconia. The history of the “Hochschulpsychiatrie Erlangen” reflects part of the history of German psychiatry. The plans to accomplish independence were doomed to impracticability by the social-political situation before, during and after the First and also Second World Wars. Clinic patients were registered as “Institutional residents”, the Clinic had no income of its own, the Head of Department and Director of the Clinic was formally considered as the “senior doctor of the asylum”.

Discussion The complicated duty dependence of the Head of Department on the Director of the asylum undoubtedly contributed to their decades spanning “mésalliance tradition”. A public scandal arose in 1978 from an accusation of dereliction of duty to the government of Middle-Franconia because of lacking protection of patient documentation and medications during the relocation of the former institution departments to the newly constructed Regional Hospital on the Europakanal.

Outlook Cooperation between the University Clinic and the Regional Hospital exists in altered form today. The Psychiatric Clinic can thus include patients from the Regional Hospital in scientific studies.

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ADHD, one of the most challenging mental disorders in adult psychopathology

M.C. Cancino Botello*, J.M. Hernández Sánchez, F. Molina López, M.D.L.A. Canseco Navarro, A. Peña Serrano

Consorcio Hospital General Universitario, Psychiatry, Valencia, Spain

* Corresponding author.

Introduction In 40 to 60% of children with ADHD, the disorder persists into adulthood. Nevertheless, diagnosis in adulthood sometimes becomes a challenge because, even the etiology is not very clear yet, ADHD shares several clinical features or may coexist with other psychiatric disorders. This issue leads to confusion and also to a delayed treatment or a wrong treatment, causing negative effects on patient outcomes.

Objective To highlight the importance of making an accurate differential diagnosis and to consider the coexistence of other mental disorders, in the diagnosis of a patient with ADHD.